

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 11
For use by Members, officers, and employees

Andy Harris
(Full Name)

2022255311
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representative State: MD District: 01

☐ Officer Or Employee Employing Office:

Report Type: ☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

LEGISLATIVE RESOURCE CENTER
2012 MAY 15 PM 5:25
Office Use Only
A \$200 penalty shall be assessed against anyone who files late.
late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$50 from one source)? If yes, complete and attach Schedule VII. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | |
|--|---|
| Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

HAND DELIVERED

SCHEDULE I - EARNED INCOME

Name Andy Harris

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|---------------------------------|---------------------|---------|
| Johns Hopkins University | Salary | \$4,325 |
| Tidewater Anesthesia Associates | Anesthesia Services | \$2,100 |
| Fann & Petrucci | Consulting | \$2,718 |
| Maryland Right to Life | Spouse Salary | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Andy Harris

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| BLOCK A Asset and/or Income Source | | BLOCK B Year-End Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | BLOCK E Transaction |
|---|--|--|---|--|--|
| <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> | | <p>At close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p> | <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p> | <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p> | <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |
| SP | First mariner Bank CD | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| JT | M and T Bank Checking | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| DC1 | 529, College Savings Plan of MD, Portfolio for College | \$1,001 - \$15,000 | CAPITAL GAINS | \$1 - \$200 | |
| DC2 | 529, College Savings Plan of MD, Portfolio for College | \$15,001 - \$50,000 | CAPITAL GAINS | \$201 - \$1,000 | |
| DC2 | 529, Maryland Prepaid College Trust | \$1,001 - \$15,000 | None | NONE | |
| DC3 | 529, College Savings Plan of MD, Portfolio for College | \$15,001 - \$50,000 | CAPITAL GAINS | \$201 - \$1,000 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Andy Harris

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| | | | | | |
|-----|--|-----------------------|---------------|--------------------|--|
| DC3 | 529, Maryland Prepaid College Trust | \$1,001 - \$15,000 | None | NONE | |
| DC4 | 529, College Savings Plan of Maryland, Portfolio 2012 | \$15,001 - \$50,000 | CAPITAL GAINS | \$201 - \$1,000 | |
| DC4 | 529, Maryland Prepaid College Trust | \$15,001 - \$50,000 | None | NONE | |
| | Keogh, T Rowe Price, International Discovery | \$50,001 - \$100,000 | None | NONE | |
| | 403b, American Century, Strategic Allocation | \$50,001 - \$100,000 | None | NONE | |
| | 403b Vanguard, Mid Cap Index | \$15,001 - \$50,000 | None | NONE | |
| | MD State Retirement, 457, 401K, Large Cap Value | \$100,001 - \$250,000 | CAPITAL GAINS | \$2,501 - \$5,000 | |
| | MD State Retirement, 457, 401K, Investment Contract Pool | \$100,001 - \$250,000 | CAPITAL GAINS | \$2,501 - \$5,000 | |
| | 403b, CREF Equity Index | \$100,001 - \$250,000 | CAPITAL GAINS | \$5,001 - \$15,000 | |
| | 403b, TIAA Traditional | \$100,001 - \$250,000 | CAPITAL GAINS | \$1,001 - \$2,500 | |
| | 403b, American Century, Money Market | \$250,001 - \$500,000 | DIVIDENDS | \$1 - \$200 | |
| | 403b, American Century, International Discovery | \$100,001 - \$250,000 | None | NONE | |
| | 403b, American Century, Global Gold | \$50,001 - \$100,000 | None | NONE | |
| | 403b Vanguard, Life Strategy Growth | \$15,001 - \$50,000 | CAPITAL GAINS | \$201 - \$1,000 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Andy Harris

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| | | | | | |
|-----|------------------------------------|--------------------------|---------------|-----------------|---|
| DC5 | Vanguard 500 Index | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| | 403b Vanguard, Capital Opportunity | \$15,001 - \$50,000 | None | NONE | |
| DC4 | Vanguard Wellington | \$1,001 - \$15,000 | DIVIDENDS | \$201 - \$1,000 | |
| DC3 | Vanguard Money Market | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| DC3 | Vanguard Wellington | \$1,001 - \$15,000 | DIVIDENDS | \$201 - \$1,000 | |
| | IRA Ameritrade, Money Market | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| SP | IRA Ameritrade, Money Market | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| | 403b Vanguard, 500 Index | \$1,001 - \$15,000 | CAPITAL GAINS | \$201 - \$1,000 | |
| | 403b Vanguard, Selected Value | \$15,001 - \$50,000 | CAPITAL GAINS | \$201 - \$1,000 | |
| | 403b Vanguard, Pacific Index | \$15,001 - \$50,000 | None | NONE | |
| | 403b Vanguard, Energy | \$15,001 - \$50,000 | None | NONE | |
| | 403b Vanguard, Emerging Markets | \$50,001 - \$100,000 | None | NONE | |
| | 403b Vanguard, Money Market | \$100,001 - \$250,000 | DIVIDENDS | \$201 - \$1,000 | P |
| DC4 | Vanguard Money Market | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Andy Harris

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| | | | | | |
|--|----------------------------|-----------------------|---------------|--------------------|---|
| | 403b Vanguard Health Care | None | CAPITAL GAINS | \$5,001 - \$15,000 | S |
| | 403b CREF Infl Linked Bond | \$100,001 - \$250,000 | None | NONE | P |

SCHEDULE IV - TRANSACTIONS

Name Andy Harris

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP, DC, JT | Asset | Type of Transaction | Capital Gain in Excess of \$200? | Date | Amount of Transaction |
|------------------|----------------------------------|------------------------|---|----------|-----------------------|
| | 403b CREF Global Equity | S | No | 12-21-11 | \$100,001 - \$250,000 |
| | 403b CREF Infl Linked Bond | P | N/A | 12-21-11 | \$100,001 - \$250,000 |
| | 403b Vanguard Health Care | S | Yes | 11-08-11 | \$50,001 - \$100,000 |
| | 403b Vanguard Money Market | P | N/A | 11-08-11 | \$50,001 - \$100,000 |
| | Keogh, T Rowe Price Money Market | P | N/A | 11-02-11 | \$1,001 - \$15,000 |

SCHEDULE V - LIABILITIES

Name **Andy Harris**

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|------------------------|-------------------------------|--|-----------------------|
| JT | M and T Bank, New York | April 2008 | HELOC on 49 Montvieu Court, Cockeysville, MD | \$250,001 - \$500,000 |
| JT | Wells Fargo, Iowa | May 2008 | Mortgage on 900 Marshy Cove, Cambridge, MD | \$100,001 - \$250,000 |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Andy Harris

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure-- Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Days not at sponsor's expense |
|----------|------------|--|-------------------|----------------|---|-------------------------------------|
| AIPEF | Aug. 13-21 | Baltimore-Jerusalem- Baltimore | Y | Y | Y | None |
| Heritage | Jan. 27-29 | Baltimore-Los Angeles- Baltimore | Y | Y | Y | 2 days |

SCHEDULE VIII - POSITIONS

Name Andy Harris

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|------------------------------|--------------------------|
| Associate Professor on Leave | Johns Hopkins University |

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON ETHICS

FORM FOR DISCLOSING FEES AND EXPENSES FOR MEMBERS
WHO ARE PRACTICING MEDICINE*

WHO MUST FILE: Any Member of the House of Representatives who receives compensation under the limited exception for Members who practice medicine pursuant to House Rule 25, clause 2, and the Committee on Standards Advisory Memorandum of February 23, 1998.

WHERE TO FILE: The original signed form must be filed with the Committee's office in 1015 Longworth (either in-person or through U.S. / Inside Mail) on or before May 15 of each calendar year. The period covered by this form is the previous calendar year.

1. Member's Name: ANDY HARRIS
2. Did you practice medicine during the last calendar year? ☒ YES ☐ NO
(if YES, continue with lines 3 through 6. If NO, proceed to line 6.)
3. Did you charge any fees for providing medical services in the last calendar year?
☒ YES ☐ NO (if YES, continue with lines 4 through 6. If NO, proceed to line 6.)
4. Total amount of all fees charged for providing medical services in the last calendar year:
\$2,100
5. List the dollar value of any expenses attributable to your practice in the last calendar year for the following categories:

| | Amount | Description of Expenses |
|--|---------|----------------------------|
| Medical Malpractice Insurance Premiums | | |
| Medical Professional Expenses | \$2,920 | Memberships + CME Expenses |
| Medical Office Expenses | | |
| Other (please specify) | | |
| TOTAL | \$2,920 | |

- "Professional Expenses" include costs to maintain medical license, dues and membership in professional associations or societies, subscriptions to medical publications and continuing medical education.
- "Office Expenses" include rent, utilities, equipment, supplies, and salaries of support personnel.

6. Signature: [Signature] Date: 5/15/12

If there are any questions regarding this form please contact the Committee at (202) 225-7103.

* For purposes of this form, "medicine" and "medical" include medical, dental and/or veterinarian services.